

**STATE OF NEW HAMPSHIRE
PART TIME HMO AND POS MEDICAL TEAMSTERS 633
STATE & EMPLOYEE CONTRIBUTION CHART**
WITH \$30/\$42/\$52 EE CONTRIBUTIONS
EFFECTIVE 03/21/2014

The employee's share of Point of Service and HMO plans are the 26 PP respective working rate, less the employee share from the CBA (\$30/\$42/\$52), times the % of participation, then the employee share from the CBA (\$30/\$42/\$52) added back.

HMO**GROUP: 30 to 31.5 Hours**

HMO EE CONTRIBUTION			HMO ER CONTRIBUTION			W RATE
26PP	ANNUAL		26PP	ANNUAL	TOTAL	
HL-1	\$80.96	\$2,104.96	\$203.82	\$5,299.32	\$7,404.28	
HL-2	\$147.51	\$3,835.26	\$422.02	\$10,972.52	\$14,807.78	
HL-3	\$223.85	\$5,820.10	\$687.40	\$17,872.40	\$23,692.50	

POS

POS EE CONTRIBUTION			POS ER CONTRIBUTION			W RATE
26PP	ANNUAL		26PP	ANNUAL	TOTAL	
HL-1	\$92.05	\$2,393.30	\$248.20	\$6,453.20	\$8,846.50	
HL-2	\$169.70	\$4,412.20	\$510.80	\$13,280.80	\$17,693.00	
HL-3	\$259.36	\$6,743.36	\$829.45	\$21,565.70	\$28,309.06	

HMO**GROUP: 32 to 34.5 Hours**

HMO EE CONTRIBUTION			HMO ER CONTRIBUTION			W RATE
26PP	ANNUAL		26PP	ANNUAL	TOTAL	
HL-1	\$68.22	\$1,773.72	\$216.56	\$5,630.56	\$7,404.28	
HL-2	\$121.13	\$3,149.38	\$448.40	\$11,658.40	\$14,807.78	
HL-3	\$180.89	\$4,703.14	\$730.36	\$18,989.36	\$23,692.50	

POS

POS EE CONTRIBUTION			POS ER CONTRIBUTION			W RATE
26PP	ANNUAL		26PP	ANNUAL	TOTAL	
HL-1	\$76.54	\$1,990.04	\$263.71	\$6,856.46	\$8,846.50	
HL-2	\$137.78	\$3,582.28	\$542.72	\$14,110.72	\$17,693.00	
HL-3	\$207.52	\$5,395.52	\$881.29	\$22,913.54	\$28,309.06	

HMO**GROUP: 35 to 37.0 Hours**

HMO EE CONTRIBUTION			HMO ER CONTRIBUTION			W RATE
26PP	ANNUAL		26PP	ANNUAL	TOTAL	
HL-1	\$47.83	\$1,243.58	\$236.95	\$6,160.70	\$7,404.28	
HL-2	\$78.93	\$2,052.18	\$490.60	\$12,755.60	\$14,807.78	
HL-3	\$112.15	\$2,915.90	\$799.10	\$20,776.60	\$23,692.50	

POS

POS EE CONTRIBUTION			POS ER CONTRIBUTION			W RATE
26PP	ANNUAL		26PP	ANNUAL	TOTAL	
HL-1	\$51.72	\$1,344.72	\$288.53	\$7,501.78	\$8,846.50	
HL-2	\$86.70	\$2,254.20	\$593.80	\$15,438.80	\$17,693.00	
HL-3	\$124.58	\$3,239.08	\$964.23	\$25,069.98	\$28,309.06	

EMPLOYEE CONTRIBUTION		
26 PP		
HL-1: 1 PERSON	\$	30.00
HL-2: 2 PERSON	\$	42.00
HL-3: FAMILY	\$	52.00

MONTHLY WORKING RATES		
	POS	HMO
HL-1: 1 PERSON	\$ 737.21	\$ 617.02
HL-2: 2 PERSON	\$ 1,474.41	\$ 1,233.98
HL-3: FAMILY	\$ 2,359.08	\$ 1,974.37

POS 26 PP		%			
HL-1: 1 PERSON	340.25	20%	62.05	30.00	92.05
HL-2: 2 PERSON	680.50	20%	127.70	42.00	169.70
HL-3: FAMILY	1,088.81	20%	207.36	52.00	259.36

HMO 26 PP		%			
HL-1: 1 PERSON	284.78	20%	50.96	30.00	80.96
HL-2: 2 PERSON	569.53	20%	105.51	42.00	147.51
HL-3: FAMILY	911.25	20%	171.85	52.00	223.85

POINT OF SERVICE (POS)**COMPANY-STATE SHARE (3006)****EMPLOYEE SHARE (3004)****HEALTH MAINTENANCE ORGANIZATION (HMO)****COMPANY-STATE SHARE (3003)****EMPLOYEE SHARE (3001)**

WEEKLY HRS RANGE	%	TYPE	PLAN	AMT PER 26		%	TYPE	PLAN	AMT PER	
				PP					26 PP	
30.0 (30 to 31.5)	80%	HL	1	248.20		20%	HL	1	92.05	
		HL	2	510.80			HL	2	169.70	
		HL	3	829.45			HL	3	259.36	
32.0 (32 to 34.5)	85%	HL	1	263.71		15%	HL	1	76.54	
		HL	2	542.72			HL	2	137.78	
		HL	3	881.29			HL	3	207.52	
35.0 (35 to 37)	93%	HL	1	288.53		7%	HL	1	51.72	
		HL	2	593.80			HL	2	86.70	
		HL	3	964.23			HL	3	124.58	
FULL TIME (37.5 to >)	100%	HL	1	310.25		0%	HL	1	30.00	
		HL	2	638.50			HL	2	42.00	
		HL	3	1036.81			HL	3	52.00	

WEEKLY HRS RANGE	%	TYPE	PLAN	AMT PER 26		%	TYPE	PLAN	AMT PER	
				PP					26 PP	
30.0 (30 to 31.5)	80%	HL	1	203.82		20%	HL	1	80.96	
		HL	2	422.02			HL	2	147.51	
		HL	3	687.40			HL	3	223.85	
32.0 (32 to 34.5)	85%	HL	1	216.56		15%	HL	1	68.22	
		HL	2	448.40			HL	2	121.13	
		HL	3	730.36			HL	3	180.89	
35.0 (35 to 37)	93%	HL	1	236.95		7%	HL	1	47.83	
		HL	2	490.60			HL	2	78.93	
		HL	3	799.10			HL	3	112.15	
FULL TIME (37.5 to >)	100%	HL	1	254.78		0%	HL	1	30.00	
		HL	2	527.53			HL	2	42.00	
		HL	3	859.25			HL	3	52.00	